

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15543

State File No.

Registrar's No.

FILED APR 19 1943

Registration District No.

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Ferdinand
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Edgewood Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 52 yrs (Specify whether
In this community 52 yrs years, months or days)

3. (a) PRINT FULL NAME Nathan Senturia

3. (b) If veteran, name war. No 3. (c) Social Security No. No

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rebecca F. Senturia 6. (c) Age of husband or wife if alive (unk) years
7. Birth date of deceased Sept. 15-1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 25 If less than one day hr. min.

9. Birthplace Lomza Poland
(City, town, or county) (State or foreign country)

10. Usual occupation Retailer

11. Industry or business Clothing

12. Name Isaac Senturia

13. Birthplace Poland
(City, town, or county) (State or foreign country)

14. Maiden name Rosa Rubenstein

15. Birthplace Poland
(City, town, or county) (State or foreign country)

16. (a) Informant Maurice Senturia

(b) Address 758 Kingsland

17. (a) burial (b) Date thereof 4/11/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson

19. (a) APR 12 1943 (b) E. G. McPherson
(Date received local signature) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4924 Fountain
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th
year 1943 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from Jan 5 43
to 4/9/43, 1943
that I last saw him alive on 4/9/43, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Disease
Due to Heart Disease

Due to Coronary arteriosclerosis

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?.....
(Specify type of place) (e) Means of injury.....

23. Signature E. G. McPherson (M. D. or other) 720
Address 622 1/2 E. 10th Date signed 4/10/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

514
6/43
P

707

MAY 18 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No.....

1597

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.